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lmage# 202308129596547026

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|---|---|----------------------------|--------------|---------------|-----------------|---|-----------------------|------|---------|--|
| | Walker, Troy, Zakari, , | | | | | | | | | |
| | (b) Address (number and street) 900 S Valley View Blvd Suite 195 | ☐ Check if address changed | | | | Candidate's FEC Identification Number S4NV00320 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | ew | Amended | |
| | Las Vegas | | N۷ | / 8910 | 7 | Staten | nent X (N |) OR | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Dist | trict of Candid | date | | | |
| | DEMOCRATIC PARTY | Senate | | | NV | 00 | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s). | | | | | | | | | |
| 7. | I hereby designate the following nar | ned political co | mmittee as m | y Principal (| Campaign Com | mittee for the | 2024 (year of elec | | on(s). | |
| | IOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | Committee to Elect Troy Zakari Walker | | | | | | | | | |
| | | | | | | | | | | |
| | (b) Address (number and street) 900 S Valley View Blvd | | | | | | | | | |
| | Suite 195 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | N IN (| 0040 | - | | | |
| | Las Vegas | | | | NV | 89107 | , | | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | | | | | | | | | | |
| | (v, z 2) z mm, m z = z = z = z | | | | | | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | | | | |
| Si | gnature of Candidate | | | | | Date | | | | |
| Walker, Troy, Zakari, , [Electronically Filed] 08/12/2023 | | | | | | | | | | |
| N | NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | |
| | | | | | | | | | | |

FEC FORM 2 (REV. 02/2009)